



CALIFORNIA STATE ATHLETIC COMMISSION

1424 HOWE AVENUE, SUITE 33, SACRAMENTO, CA 95825-3217 (916) 263-2195 FAX (916) 263-2197

**2000 APPLICATION FOR LICENSE**☐ ORIGINAL ☐ RENEWAL**TYPE OF LICENSE (Please check appropriate box):**

- ☐ MANAGER - ☐ \$150 + ☐ \$56* + ☐ FINGERPRINTS (2 SETS)**
- ☐ SECOND - ☐ \$50
- ☐ MATCHMAKER - ☐ \$200 + ☐ \$56* + ☐ FINGERPRINTS (2 SETS)**
- ☐ ASST. MATCHMAKER - ☐ \$200+ ☐ \$56*+ ☐ FINGERPRINTS (2 SETS)

SUBMIT WITH REQUIRED FEE AND TWO PHOTOGRAPHS SIGNED ON BACK.

*Fingerprint processing fee pursuant to Penal Code § 11105(e).

FINGERPRINT FEE AND CARDS FOR *ORIGINAL APPLICATION ONLY*.OFFICE USE ONLY**

License # _____

Date App Received _____

Amount Received \$ _____

Method of Payment _____

Received By _____

Receipt # _____

APPROVE FOR LICENSURE:

Authorized Signature

FULL NAME: (Print)		Last	First	Middle
LEGAL ADDRESS: Street address City State Zip Code				
HOME PHONE NUMBER ()	BUSINESS PHONE NUMBER ()	SOCIAL SECURITY NUMBER or FEIN (Mandatory)		DATE OF BIRTH / /

DO YOU HAVE A FINANCIAL INTEREST IN ANY CLUB/PROMOTER, CORPORATION, ORGANIZATION OR ASSOCIATION CONDUCTING BOXING OR MARTIAL ARTS OR EXHIBITIONS IN THIS STATE? ☐ Yes ☐ No

If answer is Yes, give name(s) _____

DO YOU HAVE A FINANCIAL INTEREST IN ANY BOXER OR MARTIAL ARTS FIGHTER? ☐ Yes ☐ No

If answer is Yes, give name(s) and explain: _____

ARE YOU LICENSED IN ANY OTHER STATE? ☐ Yes ☐ No

If answer is Yes, what type of license and expiration date: _____

HAVE YOU EVER BEEN CONVICTED OF ANY OFFENSE OTHER THAN MINOR TRAFFIC VIOLATIONS? ☐ Yes ☐ No

(You must answer "Yes" even if a conviction or plea of guilty was changed, withdrawn, dismissed, discharged, set aside or pardoned under Section 1203.4 of the Penal Code).

If answer is Yes, please explain and attach a copy of conviction: _____

(Please Complete Other Side)

HAVE YOU EVER HAD A LICENSE SUSPENDED, REVOKED, DISCIPLINED OR FINED BY THE STATE ATHLETIC COMMISSION OF CALIFORNIA, OR BY ANY OTHER ATHLETIC COMMISSION? ☐ Yes ☐ No

If answer is Yes, explain: _____

HAVE YOU EVER USED ANY OTHER NAME(S)? ☐ Yes ☐ No

If answer is Yes, list name(s): _____

EXPERIENCE AND QUALIFICATIONS:

SECOND APPLICANTS ONLY -- List experience and qualifications pursuant to Commission Rule 218(b):

MATCHMAKERS ONLY---GIVE DETAILS OF FINANCIAL ARRANGEMENTS WITH YOUR PROMOTER/CLUB; STATE WHETHER YOU RECEIVE A SALARY OR PERCENTAGE OF NET PROFIT OR GATE RECEIPTS. IF YOU ARE UNDER CONTRACT TO A PROMOTER/CLUB, SUBMIT A COPY OF THE CONTRACT.

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Authority to provide the Commission with information requested on this application is established pursuant to Section 18640, 18642 and 18660 of the Business and Professions Code. Disclosure of your social security number (or federal employer identification number (FEIN), if you are a partnership) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 [42 ISCA 405(c)(2)(C)] authorize collection of your social security number. Your social security number or FEIN will be used exclusively for tax enforcement purposes, and for purposes of compliance with any judgment or order for family support in accordance with Section 11350.6 of the Welfare and Institutions Code. If you fail to disclose your social security number or your FEIN, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

All items in this application are mandatory; none are voluntary. Failure to provide any of the requested information will result in the application being rejected as incomplete. The information provided will be used to determine qualification for licensure. Applicants have the right to review their application subject to the provisions of the Information Practices Act. The Executive Officer is the custodian of records.

***I declare under penalty of perjury under the laws of the State of California, that I have read the foregoing application for a license, that all the answers given are my own and that all the answers are true of my own knowledge. Further, I understand and agree that any misstatement of material fact in this application will constitute grounds for revoking of my license.***

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_